

THOMSON LICENSING INC.

FACSIMILE TRANSMISSION

Thomson Licensing Inc.
2 Independence Way - Suite 200
Princeton, NJ 08540, USA

RECEIVED
CENTRAL FAX CENTER
APR 13 2006

FAX: (609) 734-6888

PHONE: (609) 734-6800

TO: Mr. Butler

LOCATION: USPTO

FAX NO.: 571-273-8300 EXT: _____

FROM: Joe Opalach

EXT: _____ NO. OF PAGES (including cover) 2

DATE: 4/13/06

REMARKS:

copy of Notice of Appeal
App. No. 09/622331

IF YOU ARE MISSING PAGES OR IF NOT RECEIVED PROPERLY,
PLEASE CALL.

10:00
RECEIVED
CENTRAL FAX CENTER

P.2/2

APR 13 2006

PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) RCA 89400	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>February 9, 2006</u> .		In re Application of Mehmet Kemal Ozkan et al.	
Signature <u>Karen Schlauch</u>		Application Number 09/622,331	Filed March 19, 2001
Typed or printed name <u>Karen Schlauch</u>		For A SYSTEM FOR FORMING, PARTITIONING AND PROCESSING PROGRAM GUIDES	
		Art Unit 2611	Examiner Hai V. Tran

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 500.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-0832. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.
Registration number 38,229

☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a), _____.


 Signature
 Joseph J. Opalach

 Typed or printed name
 609-734-6839

 Telephone number
 February 9, 2006

 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.